

2006/JAN/05/THU 05:15 PM SHARP LABS

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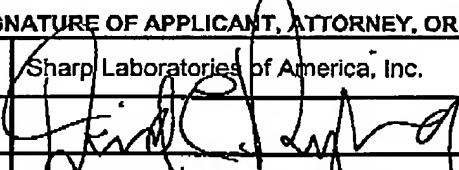
PTO/SB/21 (09-04)

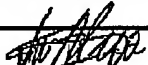
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/801,377
	Filing Date	March 15, 2004
	First Named Inventor	Pooran C. Joshi
	Art Unit	2822
	Examiner Name	Khanh Duong
Total Number of Pages in This Submission	Attorney Docket Number	SLA0766

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Sharp Laboratories of America, Inc.		
Signature			
Printed Name	David C. Ripma, Patent Counsel		
Date	January 5, 2006	Reg. No.	27,672

CERTIFICATE OF TRANSMISSION/MAILING			
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PTO/SB/08 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Pooran C. JoshiApplication No./Patent No.: 10/801,377Filed/Issue Date: March 15, 2004Entitled: Displaying Printer Defaults with Optional User InterventionSharp Laboratories of America, Inc., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
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- The extent (by percentage) of its ownership interest is _____ %

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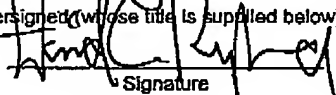
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


Signature
David C. Ripma, Reg. No.
27,672

Printed or Typed Name

Patent Counsel

Title

January 5, 2006

Date

360-834-8754

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/801,377
	Filing Date	March 15, 2004
	First Named Inventor	Pooran C. Joshi
	Art Unit	2822
	Examiner Name	Khanh Duong
	Attorney Docket Number	SLA0766

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number :

55286

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

55286

OR

☐ Firm or
Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

David C. Ripma, Reg. No. 27 672

Date

January 6, 2006

Telephone

360-834-8754

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

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